PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1082918

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CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY
TOTAL CLAIMS			9					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED I		NUM	NUMBER EXTRA		BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			9 minus 20= *		•	0		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS				minus 3 =				X43=		7	X86=	170
MULTIPLE DEPENDENT CLAIM PF			RESENT			П		7432		OR	7002	17
* If the difference in column 1 is less than zero enter "0" in aslumn 2								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	742
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER	
		CLAIMS				(Column 3)	٠.	UIIIAEE			JIIIAEE	
ENT A		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total ·	*	Minus	##		=	X\$ 9=			OR	X\$18=	
AME	Independent		Minus	•••		=	Ī	X43=		OR	X86=	
_	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		ŀ	4.45		1	000	
	•						L	+145=		OR	+290=	
TOTAL ADDIT. FEE OR ADDIT. FEE												
		(Column 1)		(Colum	n 2)	(Column 3)	^	DD11. FEE		_ ^	ODII. FEE	
		T CLAIMS	7	HIGHE		(0010111113)	_		,	, ,		
m		REMAINING	•	NUMBE	_	PRESENT	- 1		ADDI-	!!		ADDI-
		AFTER		PREVIOL		EXTRA		RATE	TIONAL	1	RATE	TIONAL
		AMENDMENT	 	PAID FO	OR		1-		FEE	1 1		FEE
፰∤	Total	*	Minus	**		=	1	X\$ 9=		OR	X\$18=	
A ME	Independent	*	Minus	***		=	Γ	X43= .	·	OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
·							L	TOTAL		Ļ	TOTAL	
							AD	DIT. FEE		OR A	DOIT. FEE	
		(Column 1)		(Column	1'2)	(Column 3)	•	٠				
۱	`	CLAIMS		HIGHES	ST T	·			ADDI			4001
		REMAINING AFTER		NUMBE		PRESENT	11	RATE	ADDI- TIONAL		DATE	ADDI-
2		AMENDMENT		PREVIOU: PAID FO		EXTRA		HAIL			RATE	TIONAL
Ξ	Total		1.4:-	.,,,,,,,,,			-		FEE	·		FEE
Ž -	Independent		Minus Minus	**		=	L	X\$ 9=		OR	X\$18=	
ŧ	<u> </u>			FNDENT C				X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	145=			+290=	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										L		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE										OR AL	TOTAL DIT. FEE	
Ti	ne "Highest Num	ber Previously Paid	For (Total or	independent)	is the h	ਹ, ਦਸ਼ਦਾ ਤੇ. nighest number (ound	in the app	ropriate box	in colum	nn 1.	